

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 5	
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W56HZV-04-A-0005			<b>2. DELIVERY ORDER/CALL NO.</b> 0001		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004AUG06		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4		
<b>6. ISSUED BY</b> TACOM WARREN AMSTA-AQ-AHLC KATHLEEN PAPPAGEORGE (586) 574-8054 WARREN, MICHIGAN 48397-5000 EMAIL: PAPPAGEK@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA HUNTSVILLE BIRMINGHAM GROUP BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376			<b>CODE</b> S0101A		<b>8. DELIVERY FOB</b>  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
<b>9. CONTRACTOR</b>  SVERDRUP TECHNOLOGY, INC. 2010 LEWIS TURNER BLVD FORT WALTON BEACH, FL. 32547-1352  NAME AND ADDRESS  TYPE BUSINESS: Other Small Business Performing in U.S.			<b>CODE</b> 7W309		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
<b>12. DISCOUNT TERMS</b>			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15			<b>14. SHIP TO</b> SEE SCHEDULE			<b>15. PAYMENT WILL BE MADE BY</b> DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264		
<b>16. TYPE OF ORDER</b>			<b>DELIVERY/ CALL</b> <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.						
<b>PURCHASE</b>			<input type="checkbox"/> Oral <input type="checkbox"/> Written		Quotation _____, Dated _____.						
					furnish the following on terms specified herein.						
					ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.						
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </div>											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>
		SEE SCHEDULE CONTRACT TYPE: Time-and-Materiels  KIND OF CONTRACT: Service Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					<b>24. UNITED STATES OF AMERICA</b> JUDITH K. BUSHA /SIGNED/ BUSHAJ@TACOM.ARMY.MIL (586) 574-7041 BY: _____ CONTRACTING/ORDERING OFFICER					<b>25. TOTAL</b> \$121,773.04	
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED											
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>			
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>	
<b>f. TELEPHONE NUMBER</b>		<b>g. E-MAIL ADDRESS</b>				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>	
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<b>31. PAYMENT</b>  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<b>34. CHECK NUMBER</b>	
<b>a. DATE (YYYYMMDD)</b>		<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>								<b>35. BILL OF LADING NO.</b>	
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> W56HZV-04-A-0005/0001 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> SVERDRUP TECHNOLOGY, INC.		

SUPPLEMENTAL INFORMATION

PROGRAM:	OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES
CONTRACT:	W56HZV-04-A-0005/0001
PURPOSE:	To establish a process for providing PEO GCS and its Program/Project Offices with contracted technical support services.
PRIOR CONTRACT AMOUNT:	\$ 0.00
AMOUNT OF THIS ACTION:	\$121,773.04
REVISED CONTRACT AMOUNT:	\$121,773.04

1. This action is order number 0001 under Blanket Purchase Agreement (BPA) W56HZV-04-A-0005 issued pursuant to General Services GS-23F-0111K.
2. The purpose of this order is to establish a process for providing PEO GCS and its Program/Project Offices with contracted technical support services through use of contractor-generated work directives.
3. The contractor shall perform this order 0001 in accordance with the Scope of Work in Section C and Work Directive JS-001-00.
4. The period of performance is from date of award through 6 Aug 2005.
5. This is a unilateral order for 1,268 man-hours level of effort, awarded on a Time and Materials basis in the amount of \$121,773.04.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month. The Contracting Officer's Technical Representative (COTR) will certify each voucher before payment.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/subCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/subCLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract:

- a. The paying office shall pay each invoice only with the funds obligated under the CLIN/subCLIN specified on the voucher.
- b. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: SVERDRUP TECHNOLOGY, INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	SECURITY CLASS: Unclassified				
0001AA	<div>SERVICES LINE ITEM</div> <div>NOUN: JACOBS SVERDRUP BPA PRON: 2R4GCC09EH    PRON AMD: 02    ACRN: AA AMS CD: 43169800000</div> <div>NOUN: PEO GCS Technical Services and Support</div> <div>LEVEL OF EFFORT: 1,268 hours</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance INSPECTION: Destination    ACCEPTANCE: Destination</div> <div>Deliveries or Performance DLVR SCH                      PERF COMPL <div><div>REL CD</div><div>QUANTITY</div><div>DATE</div></div><div><div>001</div><div>0</div><div>06-AUG-2005</div></div><div>\$            121,773.04</div></div>				\$ 121,773.04

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> W56HZV-04-A-0005/0001 <b>MOD/AMD</b>	<b>Page</b> 4 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> SVERDRUP TECHNOLOGY, INC.		

DELIVERIES OR PERFORMANCE

The period of performance for the work set forth in JS-001-00 is date of award through 6 Aug 2005.

\*\*\* END OF NARRATIVE F 001 \*\*\*

Name of Offeror or Contractor: SVERDRUP TECHNOLOGY, INC.

CONTRACT ADMINISTRATION DATA

PRON/								JOB			
LINE	AMS	CD/	OBLG					ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	2R4GCC09EH	AA	1	21	42020000045R5R00P431698255Y S20113				4GPFCS	W56HZV \$	121,773.04
43169800000											
									TOTAL	\$	121,773.04
SERVICE								ACCOUNTING		OBLIGATED	
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>		<u>AMOUNT</u>		
Army	AA		21	42020000045R5R00P431698255Y S20113				W56HZV	\$	121,773.04	
									TOTAL	\$	121,773.04